Registering Parent Name:		Date:	
I was registered last year.			
Some of my information	ation has change	ed from last year (fill in need	ed areas below)
We're a new family (did n	ot participate la	st vear).	
	or har 1101h 1101	,	
Phone:			
Please E-mail me our balance	on a periodic	basis: Email:	
I prefer to check my balance a	at the school of	īce.	
Lunch Ticket Denomination: (circle)			
\$10.00 \$20.00	\$50.00	Other \$	
Participating Student(s) Names:		Grade:	
	Paper clin c	neck to this form	

Paper clip check to this form .

Make check payable to WCA.

Turn in this form at the WCA front office.